

Application Data Sheet

Application Information

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|-------------------------------------|---|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | METHOD OF AUDIO-INTONATION CALIBRATION |
| Attorney Docket Number:: | 0579-1014 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 7 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent | No |
| Appl.?:: | |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: HUBERT
Middle Name::
Family Name:: LEMOINE
City of Residence:: METZ
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 38BIS, RUE DE L'AUBEPINE
Address::
City of Mailing Address:: METZ
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 57000

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JACKY
Middle Name::
Family Name:: MUNGER
City of Residence:: MARLY
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 76, LES HAMEAUX DU BOIS
Address::
City of Mailing Address:: MARLY
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 57155

Correspondence Information

Correspondence Customer 000466

Number::

Representative Information

| | |
|-------------------------|--------|
| Representative Customer | 000466 |
| Number:: | |

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|----------------------|-------------------------|-------------------------|
| | | | |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|-------------------------|---------------|-----------------------|
| FRANCE | 0210051 | 8/7/02 | Yes |
| | | | |

Assignment Information

Assignee Name:: SPEEDLINGUA S.A.

Street of Mailing Address:: ROUTE D'ARLON 275

City of Mailing Address:: STRASSEN

State or Province of Mailing Address::

Country of Mailing Address:: LUXEMBOURG

Postal or Zip Code of Mailing Address:: L-8011